

1.) CORPORATION NAME:

Green Spring Health Services, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1202151**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6950 COLUMBIA GATEWAY DR
STE 400

CITY/ST/ZIP: COLUMBIA, MD 21046

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BARRY M. SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	55 NOD ROAD		
CITY/ST/ZIP/CO:	AVON, CT 06001		

NAME:	LINTON C NEWLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1203 4TH STREET SW		
CITY/ST/ZIP/CO:	CULLMAN, AL 35055		

NAME:	MARGIE M SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1203 4TH ST SW		
CITY/ST/ZIP/CO:	CULLMAN, AL 35055-3922		

NAME:	DANIEL N GREGOIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	55 NOD ROAD		
CITY/ST/ZIP/CO:	AVON, CT 06001		

NAME:	MICHAEL P MCQUILLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST SEC		
ADDRESS:	6950 COLUMBIA GATEWAY DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME:	JOHN J DIBERNARDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6950 COLUMBIA GATEWAY DR.		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046		

NAME: JONATHAN N RUBIN TITLE: TREASURER ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RENIE SHAPIRO TITLE: DIRECTOR ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DANIEL N GREGOIRE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL N GREGOIRE, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/22/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		